



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: DEKALB MEMORIAL HOSPITAL, INC.

City of Hospital: Auburn

Year Begin: 10/01/2015 (mm/dd/yyyy format)

Year End: 09/30/2016 (mm/dd/yyyy format)

Person Completing the Report: Katyann Dick

Email Address: kdick@dekalbhealth.com

Medicare Provider Number: 15-0045

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$42884681
Outpatient Patient Service Revenue	\$115153956
Total Gross Patient Service Revenue	\$158038637

2. Deductions From Revenue

Contractual Allowance	\$92916741
Other Deductions	\$-183956
Total Deductions	\$92732785

3. Total Operating Revenue

Net Patient Service Revenue	\$65305852
Other Operating Revenue	\$6924067
Total Operating Revenue	\$72229919

4. Operating Expenses

Salaries and Wages	\$27340437	Employee Benefits	\$7613731
Depreciation and Amortization	\$5215910	Interest Expense	\$541801
Bad Debt	\$6508801	Other Expenses	\$25508014
Total Operating Expenses	\$72728694		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-498775	Total Assets	\$65801434
Net Non-operating Gains over Loss	\$1807689	Total Liabilities	\$1308914

Total Net Gains	\$1308914
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$70010787	\$57603495	\$12407292
Medicaid	\$23708007	\$19129724	\$4578283
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$64319843	\$15999566	\$48320277
Total	\$158038637	\$92732785	\$65305852

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$501337	\$1011530	\$-510193

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$29001	\$54203	\$-25202
Hospital Patients	\$197905	\$355295	\$-157390
Community Education	\$0	\$30000	\$-30000

Number of Medical Professionals Trained	600
Number of Hospital Patients Educated	7000
Number of Citizens Exposed to Health Education Messages	42000

Statement Six: Charity Statement
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Hospital Charity Charges	\$695000
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$612339	
HCI Payments	\$0		
Subtotal	\$0	\$612339	\$-612339
Medicaid Shortfalls	\$4578283	\$5082092	
Subtotal	\$4578283	\$5694431	\$-1116148
DSH Payments	\$0		
Subtotal	\$4578283	\$5694431	\$-1116148
Medicare Shortfalls	\$12406872	\$17406224	
Other Government Programs	\$0	\$0	
Total	\$16985155	\$23100655	\$-6115500

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$108227	\$-108227
Community Assessment	\$0	\$193319	\$-193319
Provision of Taxes	\$0	\$4698.85	\$-4698.85
Other Allocations	\$0	\$0	\$0

Comments

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